

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <b>10 / 561692</b>	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1							51						
2							52						
3							53						
4							54						
5	1						55						
6	1						56						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2												
TOTAL DEP.	2												
TOTAL CLAIMS	4												